

Epi Update for Friday, August 31, 2018
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **ACIP influenza vaccine recommendation changes, 2018-19 season**
- **Iowa Immunization Program 2018-2019 influenza resources**
- **IDPH urges Iowans to be mindful of West Nile virus**
- **In the news: How a transplanted face transformed Katie Stubblefield's life**
- **In the news: The dogs were supposed to be experts at sniffing out C. diff. Then they smelled breakfast.**
- **In the news: Vitamin D toxicity - A 16-year retrospective study at an academic medical center**
- **Infographic: *E. coli*, kidney failure, and children under age 5**
- **Meeting announcements and training opportunities**

Updated ACIP Influenza Vaccine Recommendations for the 2018–2019 Season

The Advisory Committee on Immunization Practices (ACIP) released updated influenza vaccine recommendations for the 2018–2019 season in the United States. Routine annual influenza vaccination is still recommended for all persons aged 6 months and older who do not have a contraindication. However, there are four main updates discussed in the recommendations.

- First, the 2018–19 vaccine composition is different from the 2017-2018 season for the A(H3N2) and B (Victoria) components of both the trivalent and quadrivalent vaccines. The components that remain the same are A(H1N1)pdm09 in the trivalent vaccines and A(H1N1)pdm09 and B(Yamagata lineage) in the quadrivalent vaccines. Vaccine viruses included in the 2018–19 U.S. trivalent influenza vaccines will be an A/Michigan/45/2015 (H1N1)pdm09–like virus, an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus and a B/Colorado/06/2017–like virus (Victoria lineage). Quadrivalent influenza vaccines will contain these three viruses and an additional influenza B vaccine virus, a B/Phuket/3073/2013–like virus (Yamagata lineage).
- Second, recommendations for the use of live attenuated influenza vaccine (LAIV4, specifically FluMist Quadrivalent) have been updated to include the option for providers to administer LAIV4 this season to those for whom it is appropriate. It should be noted that in the past there were concerns about the effectiveness of the LAIV in children aged 2 through 17 years and subsequent changes have been made to the LAIV formulation to address this, although there are no estimates of the effectiveness of the new formulation currently available.

- Third, persons with a history of egg allergy of any severity may receive ANY licensed, recommended and age-appropriate influenza vaccine (IIV, RIV4 or LAIV4).
- Finally, the age of indication has been expanded for two quadrivalent vaccines, Afluria Quadrivalent is now licensed for those ≥ 5 years (compared to the previous ≥ 18 years) and Fluarix Quadrivalent is now licensed for those ≥ 6 months (compared to the previous ≥ 3 years).

For more information, visit

https://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm?s_cid=rr6703a1_w.

Iowa Immunization Program 2018-2019 influenza resources

The Iowa Immunization Program has a variety of resources for the upcoming 2018-2019 influenza season available on their website. These include an influenza dosing algorithm for children, guidelines on influenza vaccination for persons who report allergy to eggs, and a list of available vaccine products for the upcoming season. The page also links to national guidance, including recommendations from CDC and ACIP.

To view these influenza vaccine resources and more, visit

idph.iowa.gov/immtdb/immunization/vaccine.

IDPH urges lowans to be mindful of West Nile virus

Reported cases of West Nile virus are increasing significantly in Iowa. There are currently 18 confirmed cases in Iowa and 16 more are under investigation. There have been two deaths attributed to West Nile virus this season. Since West Nile virus first appeared in Iowa in 2002, it has been found in every county in Iowa, either in humans, horses or birds. In 2017, 12 lowans were diagnosed with West Nile virus and two died.

About 20 percent of people infected with West Nile virus will have mild to moderate symptoms such as fever, headache, body aches and vomiting. Less than 1 percent of people infected become seriously ill and rarely, someone dies.

The best way to prevent West Nile virus is to eliminate mosquito breeding areas and to use insect repellent when outdoors. lowans should take the following steps to reduce the risk of exposure to West Nile virus:

- Use insect repellent with DEET, picaridin, IR3535 or oil of lemon eucalyptus. Always read the repellent label and consult with a health care provider if you have questions when using these types of products for children. For example, DEET should not be used on infants less than 2 months old and oil of lemon eucalyptus should not be used on children under 3 years old.
- Avoid outdoor activities at dusk and dawn when mosquitoes are most active.

- Wear long-sleeved shirts, pants, shoes and socks whenever possible outdoors.
- Eliminate standing water around the home because that's where mosquitoes lay eggs. Empty water from buckets, cans, pool covers and pet water dishes. Change water in bird baths every three to four days.

For more information about West Nile virus, visit www.idph.iowa.gov/cade/vectorborne-illness.

In the news: How a transplanted face transformed Katie Stubblefield's life
www.nationalgeographic.com/magazine/2018/09/face-transplant-katie-stubblefield-story-identity-surgery-science/

In the news: The dogs were supposed to be experts at sniffing out C. diff. Then they smelled breakfast.
www.statnews.com/2018/08/22/dogs-c-diff-hospitals/

In the news: Vitamin D toxicity - A 16-Year retrospective study at an academic medical center
www.medscape.com/viewarticle/896724?src=wnl_tp10j_180823_mscpedit&uac=261838EK&impID=1719890&faf=1

Infographic: *E. coli*, kidney failure, and children under age 5



To view in full size, visit www.cdc.gov/foodsafety/images/socialmedia/FS_08_Under5_Kidney_Tips_1080x1080.png

Meeting announcements and training opportunities
 None

Have a healthy and happy week!

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